U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
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	(AUG152005)
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7/50	2. Fiscal Year Covered From:
·	1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Anthony Saito	Name O.P.C.M.I.A., Local Union #630
	Labor Organization File Number 037-279
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 2251 North School Street	Street 2251 North School Street
City Honolulu	City Honolulu
State Hawaii ZIP Code + 4 96819	State Hawaii ZIP Code + 4 96819
5. Position in labor organization. Business agent	
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the excl	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizat	derived income or other economic benefit of ion represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	
State ZIP Code + 4	
Sim	
	nature
15. Signature and verification. The undersigned declares, under penalty of	Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany	Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing Anthony Saito	File Number U-			
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise			
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Hawaii Masons & Plasterers Training Trust Fu Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 2251 North School Street City Honolulu State Hawaii ZIP Code + 4 96819	a. Labor Organization b. Trust c. Employer			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	Expenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan (See Attachment 1 of 8 pages)			
P.O. Box, Bldg., Room No., if any				
Street Street				
City	11.b. Approximate dollar value of such dealing. \$170			
State ZIP Code + 4	12.a. Nature of interest held or income received.			
	12.b. Amount.			
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	į.			
Street				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

Name of Person Filing Anthony Saito	File Number U-

8. Name and address of Business (include	ding trade name, if any).	9. Business deals with:	
Name Masons Vacation and Ho	liday Trust Fund	a. Labor Organization	
Trade Name, if any:		a. Labor Organization	
P.O. Box, Bldg., Room No., if any	The state of the s	b. Trust	
		c. Employer	
Street 2251 North School Stre			
City Honolulu	er innerennerer ver kreise ich entropy von der som sind sich stättliche den bilder fellen und entropy de		
State Hawaii	ZIP Code + 4 96819		
10. If 9.b. or 9.c. is checked give trust or em	ployer's name.	11.a. Nature of such dealing.	anne e van een en een een aande en de een gevoerde gewoord en de van de van de van de verde een de een een ee
Name (amende de la calendaria d La calendaria de la calendaria del calendaria de la calendaria del calendaria del calendaria del ca	Expenses incurred as trustee on Taft-Hartley employee benefit plan	multiemployer
Trade Name, if any:		2 of 8 pages)	,
P.O. Box, Bldg., Room No., if any	n er		:
Street	o dies (s. m. 1904). No diese kontrol en verken in die en die Die en die e		i
City	and contains to the contains a specific or or place or or contains and contains and contains and contains and		e transfer i constitui sutta como como con esta con
State	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$61
		12.a. Nature of interest held or income received.	entropy and the control of the contr
			į
			:
			İ
		12.b. Amount.	

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Name of Person Filing Anthony Saito	File Number U-	
- 1201017		

——————————————————————————————————————				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name Masons Health and Welfare Trust Fund	a. Labor Organization			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	b. Trust			
Street 2251 North School Street	c. Employer			
City Honolulu				
State Hawaii ZIP Code + 4 96819				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.			
Name	Expenses incurred as trustee on multiemployer Taft-Hartley employee benefit plan (See Attachment			
Trade Name, if any:	3 of 8 pages)			
P.O. Box, Bidg., Room No., if any				
Street				
City				
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$180			
	12.a. Nature of interest held or income received.			
	12.b. Amount.			
	I.L.U. MINUUIL.			

Name of Person Filing Anthony	Saito	File Number U-

8. Name and address of Business (including trade name, if a	9. Business deals with:
o. Name and address of business (including trade name, it al	
Name Masons Pension Trust Fund	a. Labor Organization
Trade Name, if any:	
Do Do Die Die Do Die Grand de	b. Trust
P.O. Box, Bidg., Room No., if any	
Street 2251 North School Street	c, Employer
City Honolulu	
State Hawaii ZIP Code + 4 968	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	Expenses incurred as trustee on multiemployer
	Taft-Hartley employee benefit plan (See Attachment 3 of 8 pages)
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
C	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$15,602
	12.a. Nature of interest held or income received.
	12.b. Amount.

Name of Person Filing	Anthony Saito	File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Hawaii Masons & Plasterers Annuity Trust Fun Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 2251 North School Street	c. Employer	
City Honolulu		
State Hawaii ZIP Code + 4 96819		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	manys to the control of the control
Name	Expenses incurred as trustee on Taft-Hartley employee benefit plar 5 of 8 pages)	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$7,993
	12.a. Nature of interest held or income received.	
		and the second s
		:
	12.b. Amount.	

Form LM-30 (2003)

Name of Person Filing	Anthony	Saito		File	Number U-	, , , , , , , , , , , , , , , , , , , ,	
······································				 	4.4		

Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Sierra Investment Partners, Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 101 Ygnacio Valley Road City Walnut Creek State California ZIP Code + 4 94596	a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Masons Pension Trust Fund	Gift of wine bottle	POTENTIAL PROPERTY AND A STATE OF THE STATE
Trade Name, if any:		1
P.O. Box, Bldg., Room No., if any		:
Street 2251 North School Street		:
City Honolulu		
State Hawaii ZIP Code + 4 96819	11.b. Approximate dollar value of such dealing.	\$49
	12.a. Nature of interest held or income received.	
		:
		!
	12.b. Amount.	

			· · · · · · · · · · · · · · · · · · ·
Name of Person Filing Anthony	Saito	File Number U-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Sierra Investment Partners. Inc.	a. Labor Organization
Trade Name, if any: P.O. Box, Bldg., Room No., if any	(X) b. Trust
Street 101 Ygnacio Road	c. Employer
City Walnut Creek	
State California ZIP Code + 4 94596	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Hawaii Masons & Plasterers Annuity Trust Fun	Gift of wine bottle
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street 2251 North School Street	
City Honolulu	
State Hawaii ZIP Code + 4 96819	11.b. Approximate dollar value of such dealing. \$49
	12.a. Nature of interest held or income received.
	12.b. Amount.

Page 1 of 8 pages

Attachment to Form LM-30, Line 11.a,b

TR	Date of payments January 1, 2004 through	Amount of payments	Kind of payment Meeting expenses	Method of payment
111	December 31, 2004	110	Meeting expenses for attendence at	Check
		112	quarterly trust fund meetings	
		37	Meeting expenses for attendence at monthly delinquency committee meeting	Check ngs
		20	Meeting expenses for attendence at special trustee meeting	Check
	-	170	:	

Amounts paid on behalf as a trustee of Hawaii Masons and Plasterers Training Trust Fund (Trust Fund). The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

Page 2 of 8 pages

Attachment to Form LM-30, Line 11.a,b

VH	<u>Date of payments</u> January 1, 2004 through December 31, 2004	Amount of payments	Kind of payment	Method of payment payment
		41	Meeting expenses for attendence at monthly delinquency committee meeti	Check ings
		20	Meeting expenses for attendence at special trustee meeting	
		61		

Amounts paid on behalf as a trustee of Masons Vacation and Holiday Trust Fund (Trust Fund). The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

Page 3 of 8 pages

Attachment to Form LM-30, Line 11.a,b

		Amount of		Method of payment
	Date of payments	<u>payments</u>	Kind of payment	payment
HW	January 1, 2004 through		Meeting expenses for attendence at	Check
	December 31, 2004	111	quarterly trust fund meetings	
		27	Mosting expenses for attendance at	Chart
		37	Meeting expenses for attendence at monthly delinquency committee meetin	Check gs
		32	Meeting expenses for attendence at	
			special trustee meeting	
		180	•	

Amounts paid on behalf as a trustee of Masons Health and Welfare Trust Fund (Trust Fund). The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

Page 4 of 8 pages

Attachment to Form LM-30, Line 11.a,b

		Amount of		Method of payment
	Date of payments	<u>payments</u>	Kind of payment	payment
PN	January 1, 2004 through		Meeting expenses for attendence at	Check
	December 31, 2004	510	quarterly trust fund meetings	
		07	NA-Alian announce for all and a second	0 1 1
		37		Check
			monthly delinquency committee meet	ings
		32	Meeting expenses for attendence at	
			special trustee meeting	
			-p =====	
		579	-	
			-	
			Seminars	
	April 2004	6,691	Tucson, Arizona (See attached page	6 of 8)
	November 2004	0 222	Lake Dynama Vista Electric (Con ettert	
	November 2004	0,332	Lake Buena Vista, Florida (See attach	red page 7 or 8)
		15,023	-	
		,020		
	Total	15,602	•	

Amounts paid on behalf as a trustee of Masons Pension Trust Fund (Trust Fund).

The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

Page 5 of 8 pages

Attachment to Form LM-30, Line 11.a,b

AN	<u>Date of payments</u> January 1, 2004 through December 31, 2004	Amount of payments 135	Kind of payment Meeting expenses for attendence at quarterly trust fund meetings	Method of payment payment Check
		37	Meeting expenses for attendence at monthly delinquency committee meet	Check ings
		20	Meeting expenses for attendence at special trustee meeting	
		192	- :	
	March 2004	7,801	<u>Seminars</u> Orlando, Florida (See attached page	8 of 8)
	Total	7,993	- -	

Amounts paid on behalf as a trustee of Masons & Plasterers Annuity Trust Fund (Trust Fund). The Trust Fund is an employee benefit plan set up through a collective bargaining agreement between the Union and signatory employers (management). It is overseen by a board of trustees comprised of Union and management trustees.

384.67

79.14

236.04

584.68

376.04

349.30

366.27

25.17

4,289.70

6,691.01

Totals

Anthony Saito International Foundation - Investment Institute - Pension Tuscon, Arizona

5/03/04		6.00		375.67
5/02/04		19.00	5.00	37.13 6.00
5/01/04		174.35 15.69 8.00 22.00	5.00	90.9
4/30/04		174.35 1 6.15	5.00	365.18 11.00 3.00
4/29/04		291.33 18.56 17.02 26.13	5.00	18.00
4/28/04		291.33 21.40 11.07	5.00	18.00
4/27/04		251.33 17.31 68.35 5.00	6.28	18.00
4/26/04		5.00	20.17	
No Date	3,434.70 855.00			
Item	Airfare, Train, Bus Meeting Registration	Hotel Breakfast Lunch Dinner Porters-Bellman Taxis. Bus	Maid Snack Airport Parking Other:	Coffee Car Rental Gas Valet Private Auto - mileage Cart Parking Toll Long Distance

Anthony Saito NCCMP 2004 Annual - Pension Lake Buena Vista, Florida

ltem	No Date	11/26/04	11/27/04	11/28/04	11/29/04	11/29/04 11/30/04 12/01/04	12/01/04	12/02/04 12/03/04	12/03/04	12/04/04
Airfare, Train, Bus Meeting Registration	4,780.93 825.00		,							
Hotel Breakfast Lunch			250.88	250.88 23.56	250.88 19.70 13.57	250.88 17.25 16.15	98.10	98.10 17.96	136.25 18.75	
Dinner Porters-Bellman Taxis Bus		5.00	5.00	42.60	28.64	37.52	30.23 5.00			5.00
Maid Snack Airport Parking		25.61	17.28	5.00 3.50	5.00	5.00	5.00	5.00 16.99	5.00	5.00
Coffee Car Rental Gas Valet			2.00	4.00	10.00	4.00	603.68 25.25 4.00	4.00	14.99 4.00	323.66
Private Auto - mileage Cart Parking Toll Long Distance Laundry			1.25				2.75			

r	age
	335.66
	178.99
	142.05
	774.01
	330.80
	327.79
	329.54
	276.41
	30.61
	5,605.93
	8,331.79
	ls

0.00

258.77

236.86

237.41

380.43

358.60

370.13

364.80

29.95

5,564.40

Totals

Anthony Saito International Foundation - Benefit Communication - Annuity Orlando, Florida

					Orlando, Florida	Florida			
ltem	No Date	3/26/04	3/27/04	3/28/04	3/29/04	3/30/04	3/31/04	4/01/04	4/02/04
Airfare, Train, Bus Meeting Registration	4,709.40 855.00								
Hotel Breakfast Lunch			300.48	300.48 25.81	300.48 15.86	300.48	174.35 17.06	174.35	
Dinner Porters-Bellman Taxis, Bus		5.00	59.32 5.00	38.84	31.26	54.04	17.00 10.00	43.51	10.00
Maid Snack Airport Parking Other:		24.95		5.00	5.00	5.00	5.00	5.00	5.00
Car Rental Gas									233.77
Valet Private Auto - mileage Cart					6.00	00.9	9.00	9.00	3.00
Parking Toll Long Distance Laundry						14.91	2.00		

General explanation on reporting amounts of Form LM-30

This individual is a union official for the Bricklayers AFL-CIO, Local Union #1, Labor Organization File Number 025-992 and is also a union official for the Plasterers and Cement Mason, ALF-CIO, Local Union #630, Labor Organization File Number 037-279. The amounts disclosed are total amounts received directly or on behalf of this union official and have not been allocated or prorated between the two labor organizations this individual represents.

LEMKE, CHINEN & TANAKA, C.P.A., INC. CERTIFIED PUBLIC ACCOUNTANTS

FRED H. TANAKA, C.P.A. THOMAS M. H. PARK, C.P.A. PAUL H. ASANO, C.P.A. EDWIN K. NITTA, C.P.A. TERRY A. TAKAKI, C.P.A.



210 WARD AVE., SUITE 336 HONOLULU, HAWAII 96814-4012 TELEPHONE (808) 533-6254

DATE: August 9, 2005

CERTIFIED: 7002 0460 0002 3584 7796

TO: U. S. Dept. of Labor

ESA/OLMS Room N-5616 200 Constitution Ave., NW Washington, DC 20210-0001

NAME	<u>FORM</u>		<u>AMOUNT</u>	<u>CHECK</u>
Saito, Anthony O.P.C.M.I.A. Local Union 630	LM-30	YE 12/31/04	None	None
Saito, Anthony Bricklayers AFL-CIO, LU #1	LM-30	YE 12/31/04	None	None

Please Receipt and Return One Copy

LEMKE, CHINEN & TANAKA, C.P.A., INC. CERTIFIED PUBLIC ACCOUNTANTS

FRED H. TANAKA, C.P.A. THOMAS M. H. PARK, C.P.A. PAUL H. ASANO, C.P.A. EDWIN K. NITTA, C.P.A. TERRY A. TAKAKI, C.P.A.



210 WARD AVE., SUITE 336 HONOLULU, HAWAII 96814-4012 TELEPHONE (808) 533-6254

DATE: August 9, 2005

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ESA/OLMS Room N-5616 200 Constitution Ave., NW Washington, DC 20210-0001

NAME	<u>FORM</u>		<u>AMOUNT</u>	<u>CHECK</u>
Saito, Anthony O.P.C.M.I.A. Local Union 630	LM-30	YE 12/31/04	None	None
Saito, Anthony Bricklayers AFL-CIO, LU #1	LM-30	YE 12/31/04	None	None

Please Receipt and Return One Copy